U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Lawy We have	1. File Number U - 291)	2. Fiscal Year Covered From:
Name Lawy PWelderg Name AFSCOTE Labor Organization File Number 1080-289 P.O. Box, Bidg., Room No., if any Street 730 ClosterSod Way City PLL 201 State PA ZIP Code +4 2200 (State DC) State PA ZIP Code +4 2200 (State DC) Enter appropriate data below If, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bidg., Room No., if any 7. b. Amount. Sitreet ZIP Code +4	,	6 / 01 / 1004 Through: 72 / 3] / 2004
P.O. Box, Bidg., Room No., if any Street / 730 ClosterSold Way City / Labor Organization File Number Debt - 185 P.O. Box, Bidging and Room Number, if any Street / 730 ClosterSold Way City / Labor Organization City /	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any Street 730 Clestable Way Street 625 651, V.C. City McLoan State 77 Socion In labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of morelaty value from an employer whose employees your organization represents or is actively seeking to represent. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bidg., Room No., if any T.b. Amount. Signature 15. Signature and verification. The undersigned declares, under the past of Perjay and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Name Lawy P Westery	Name AFSCHE
Street 7730 ClasterSord Way City Machinefton, DC State YA ZIP Code + 4 22/6 (State DC ZIP Code + 4		Labor Organization File Number
State YA ZIP Code +4 ZUD State C ZIP Code +4 ZeD ZIP C	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State	Street 1730 Chosterford Way	Street 1625 4 57, N.W.
State PA	City McLean	city Washington, DC
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monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7. a. Nature of Interest, Transaction, or Income. P.O. Box, Bldg., Room No., if any 7. b. Amount. Street City State ZIP Code + 4 3. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
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Signed On 7/5/05 202-775-5908 Date Telephone Number	Signed	Variety in the second s
Form I M-30 (2003)	Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Larry & Wein	here File Number U- 247/	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Ana (gcase Back Trade Name, if any: P.O. Box, Bldg., Room No., if any Street / 82 5 / 8 5 / 1/, CU . City Classification State ZIP Code +4 Z206	9. Business deals with: a. Labor Organization b. Trust c. Employer	
Name AFSHE PENSION Y 40/K Plans Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4625 L ST N.W	11.a. Nature of such dealing. Baaking for AFSCOTIE Like pension 44016 plans 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Received freet to gove which will and a gove on Alarch 9, 2004.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	